

<i>SERFF Tracking Number:</i>	<i>PHLX-125444154</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0032302F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Specialty &amp; Training Schools</i>		
<i>Project Name/Number:</i>	<i>Specialty &amp; Training Schools/GL AR0032302F01</i>		

## Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Specialty & Training Schools	SERFF Tr Num: PHLX-125444154	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR0032302F01		State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: SPI PhiladelphiaIndemnity	Disposition Date: 01/23/2008
	Date Submitted: 01/22/2008	Disposition Status: Approved
Effective Date Requested (New): 03/01/2008		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Specialty & Training Schools	Status of Filing in Domicile:
Project Number: GL AR0032302F01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/23/2008	
State Status Changed: 01/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
The Philadelphia Indemnity Insurance Company is filing a new endorsement that will be attached to all policies with GL coverage covering a Motorcycle School.	

Attached is PI-VS-003 (12/07) for your review. We will attach this endorsement to ISO's CG 00 01 to extend coverage to include motorcycles used solely for training on the insured's premises.

This form will be attached to all Motorcycle School policies at no additional charge.

SERFF Tracking Number: PHLX-125444154 State: Arkansas  
 Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: GL AR0032302F01  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: Specialty & Training Schools  
 Project Name/Number: Specialty & Training Schools/GL AR0032302F01

## Company and Contact

### Filing Contact Information

Kevin O'Brien, Compliance Analyst II kobrien@phlyins.com  
 One Bala Plaza (610) 617-7752 [Phone]  
 Bala Cynwyd, PA 19004 (866) 282-7495[FAX]

### Filing Company Information

Philadelphia Indemnity Insurance Company CoCode: 18058 State of Domicile: Pennsylvania  
 One Bala Plaza Group Code: 677 Company Type:  
 Suite 100  
 Bala Cynwyd, PA 19004 Group Name: Philadelphia State ID Number:  
 Insurance Companies  
 (610) 617-7900 ext. [Phone] FEIN Number: 231738402  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$50.00	01/22/2008	17603561

<i>SERFF Tracking Number:</i>	<i>PHLX-125444154</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>GL AR0032302F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Specialty &amp; Training Schools</i>		
<i>Project Name/Number:</i>	<i>Specialty &amp; Training Schools/GL AR0032302F01</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	01/23/2008	01/23/2008

<i>SERFF Tracking Number:</i>	<i>PHLX-125444154</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0032302F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Specialty &amp; Training Schools</i>		
<i>Project Name/Number:</i>	<i>Specialty &amp; Training Schools/GL AR0032302F01</i>		

## Disposition

Disposition Date: 01/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PHLX-125444154	State:	Arkansas
Filing Company:	Philadelphia Indemnity Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	GL AR0032302F01		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Specialty & Training Schools		
Project Name/Number:	Specialty & Training Schools/GL AR0032302F01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Motorcycles	Approved	Yes

SERFF Tracking Number: PHLX-125444154 State: Arkansas

Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: GL AR0032302F01

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Specialty & Training Schools

Project Name/Number: Specialty & Training Schools/GL AR0032302F01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Motorcycles	PI-VS-003	(12/07)	Endorsement/Amendment/Conditions		0.00	PI-VS-003 .PDF

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **MOTORCYCLES**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SECTION V – DEFINITIONS, mobile equipment,** is amended to include:

"Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:

Motorcycles solely used for training purposes on insured premises.

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<i>Product Name:</i>	<i>Specialty &amp; Training Schools</i>		
<i>Project Name/Number:</i>	<i>Specialty &amp; Training Schools/GL AR0032302F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.



SERFF Tracking Number: PHLX-125444154 State: Arkansas  
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: GL AR0032302F01  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: Specialty & Training Schools  
Project Name/Number: Specialty & Training Schools/GL AR0032302F01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**  
Approved 01/23/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF  
AR - FORM FILING ABSTRACT F-1.PDF

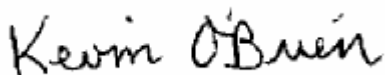
## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	Philadelphia Insurance Companies				<b>Group NAIC #</b>	0677
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Philadelphia Indemnity Insurance Company	PA	18058	231738402			

<b>5. Company Tracking Number</b>	GL AR0032302F01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Kevin W. O'Brien One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Analyst II	877-438-7459	866-282-7495	kobrien@phlyins.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Kevin W. O'Brien			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.2 Other Liability - Occurrence Only	
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.2001 Commercial General Liability	
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>		
<b>12. Company Program Title (Marketing Title)</b>		
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
<b>14. Effective Date(s) Requested</b>	New: 3/1/08	Renewal: 3/1/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>16. Reference Organization (if applicable)</b>		
<b>17. Reference Organization # &amp; Title</b>		
<b>18. Company's Date of Filing</b>	1/22/08	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

# Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	GL AR0032302F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

The Philadelphia Indemnity Insurance Company is filing a new endorsement that will be attached to all policies with GL coverage covering a Motorcycle School.

Attached is PI-VS-003 (12/07) for your review. We will attach this endorsement to ISO's CG 00 01 to extend coverage to include motorcycles used solely for training on the insured's premises.

This form will be attached to all Motorcycle School policies at no additional charge.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="183 1461 384 1516"> <b>Check #:</b>      eft  <b>Amount:</b> </div> <div data-bbox="154 1755 1295 1812"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	GL AR0032302F01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	n/a
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Motorcycles	PI-VS-003 (12/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

# ARKANSAS INSURANCE DEPARTMENT

Form F-1  
Rev. 4/96

## FORM FILING ABSTRACT

### ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 1/22/08
2. Company Name(s) Philadelphia Indemnity Insurance Company  

Group Name	Philadelphia Insurance	NAIC No.
	Companies	18058
		Group No.
		0677
3. (a) Annual Statement Line of Business Number (Page 14) 17  
(b) Class of Business Motorcycle schools  
© Coverages Affected general liability
4. (a) Name of Advisory Organization, if any ISO  
(b) Affiliations with Advisory Organization: Member ( ☐ ) Subscriber ( ☐ )
5. Is this a reference filing? Yes ( ☐ ) No ( ☒ ) If yes, please provide the following:  
(a) Name of Advisory Organization (or Affiliated Company) \_\_\_\_\_  
(b) Date of Filing \_\_\_\_\_  
© Filing Designation Number or Description \_\_\_\_\_

### PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
yes, filed countrywide
8. Is the form filed in response to or due to legislation? If so, specify legislation.  
no
9. Is the form in response to or due to recent court decisions? If so, give citation.  
no

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*Kevin O'Brien*

Signature

Kevin W. O'Brien

Title

610-617-7752

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
		PI-VS-003 (12/07)	Motorcycles